

TRICARE Prior Authorization Request Form for  
Self-Monitoring Blood Glucose System (SMBGS)  
**Glucose Test Strips**



**JOHNS HOPKINS**  
M E D I C I N E

JOHNS HOPKINS  
HEALTHCARE

7231 Parkway Drive, Suite 100, Hanover, MD 21076

**USFHP Pharmacy Prior Authorization Form**

To be completed by Requesting provider	
Drug Name:	Strength:
Dosage/Frequency (SIG):	Duration of Therapy:

**FAX Completed Form and  
Applicable Progress Notes to:  
(410) 424-4037**

**Questions?** Contact the Pharmacy Dept at: (888) 819-1043, option 4

Clinical Documentation must accompany form in order for a determination to be made.

**Step 1** Please complete patient and physician information (please print):

1 Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID #: _____	Phone #: _____
Date of Birth: _____	Secure Fax #: _____

**Step 2** Please note: the preferred glucose test strips are **FreeStyle Lite** and **Precision Xtra**. They are covered without prior authorization. You do NOT need to complete this form for coverage of these 2 test strips. All other test strips are subject to prior authorization as provided below.

**Step 3** Please complete the clinical assessment:

1. What is the brand name of the requested glucose test strip?	Test strip:	Proceed to question 2
2. What is the brand and model name of the glucose meter that will be used by the patient?	Meter:	Proceed to question 3
3. Is the patient blind or severely visually impaired?	<input type="checkbox"/> Yes Proceed to question 4	<input type="checkbox"/> No <b>SKIP</b> to question 6
4. Does the patient require a test strip used in a talking meter?	<input type="checkbox"/> Yes Proceed to question 5	<input type="checkbox"/> No <b>SKIP</b> to question 6
5. Which meter will the patient use?	<input type="checkbox"/> Advocate Redicode – Sign and date on page 2 <input type="checkbox"/> Prodigy AutoCode – Sign and date on page 2 <input type="checkbox"/> Prodigy Voice – Sign and date on page 2 <input type="checkbox"/> Other than listed above – Proceed to question 6	
6. Does the patient use an insulin pump?	<input type="checkbox"/> Yes Proceed to question 7	<input type="checkbox"/> No <b>SKIP</b> to question 10
7. What is the brand and model name of the insulin pump that will be used by the patient?	Insulin pump:	Proceed to question 8
8. Does the patient require a test strip that is used in a meter that communicates wirelessly with the insulin pump?	<input type="checkbox"/> Yes Proceed to question 9	<input type="checkbox"/> No <b>SKIP</b> to question 10

*continue to next page*

# Self-Monitoring Blood Glucose System (SMBGS) Test Strips

<b>9. Which test strip, meter and insulin pump combination will the patient use?</b>	<input type="checkbox"/> Contour Next strip + Contour Next Link meter + Medtronic insulin pump <input type="checkbox"/> Accu-Chek Aviva Plus strip + Accu-Chek Combo meter + Accu-Chek Combo insulin pump <input type="checkbox"/> FreeStyle strip + FreeStyle meter + OmniPod insulin pump <input type="checkbox"/> Nova Max strip + Nova Max Link meter + Medtronic insulin pump <input type="checkbox"/> One Touch Ultra strip + One Touch Ping meter + One Touch Ping insulin pump <input type="checkbox"/> One Touch Ultra strip + One Touch Ultra Link meter + Medtronic insulin pump <p style="text-align: center;"><i>Sign and date below</i></p> <input type="checkbox"/> <b>Other than listed above</b> – Proceed to question 10
--	--

<b>10. Does the patient have a documented physical or mental health disability that requires use of a special strip or meter?</b>	<input type="checkbox"/> Yes Sign and date below	<input type="checkbox"/> No Coverage not approved
---	---	--

**Step 4** I certify the above is true to the best of my knowledge. Please sign and date:

\_\_\_\_\_

Prescriber Signature

\_\_\_\_\_

Date

[ 16 January 2017 ]

For Internal Use Only	
<input type="checkbox"/> Approved:	Duration of Approval: ____ month(s)
<input type="checkbox"/> Denied:	Authorized By:
<input type="checkbox"/> Incomplete/Other:	PA#:
Date Faxed to MD:	Date Decision Rendered: